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Promoting spiritual coping of family caregivers of an adult relative with severe mental illness: development of a nursing intervention

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Introduction

Around 4% of the population lives with severe mental illness, including conditions such as schizophrenia, conduct disorder, bipolar disorder and major depression (1).
Family caregivers provide unpaid care for a relative and tend to have lower quality of life, higher emotional stress, anxiety or depressive mood (2, 3, 4).
A systematic review explored the spiritual aspects of these family caregivers, identifying both spiritual needs and spiritual coping strategies used by the caregivers, namely a turn to the sacred, spiritual/religious practices/rituals, and adherence to a formal religion (5). It is known that positive spiritual/religious coping is correlated with wellbeing, self-esteem and inversely correlated with depression (6, 7).

Objective: to develop and test the nursing intervention "promoting spiritual coping" for family caregivers of a community-dwelling adult relative with severe mental illness.

Methodology

Research Design	A mixed-method study with a sequential exploratory design was conducted, using the development and feasibility/pilot phases of the Framework for Developing and Evaluating Complex Interventions (8):	
	Development	**Test**
	- Systematic review of literature - Two focus groups analysing the first version of the intervention, based on other intervention (9) - Modified e-delphi examining the second version of the intervention, following the TIDIer checklist	1 - Quantitative measurement of outcomes pre-intervention 2 - Intervention 3 - Quantitative measurement of outcomes (burden, quality of life and spiritual coping); qualitative methods to assess participants' experience
Sample	4 family caregivers and 6 experts (practice, teaching and research)	10 family caregivers
Sampling Method	Non-probability purposive and snowball sampling	Non-probability convenience sampling
Data collection	Online focus group – voice recording and transcription | Online questionnaire	Questionnaires (3 instruments and one open question)
Data analysis	Deductive content analysis – Nvivo Descriptive statistics - SPSS (v. 24)	Descriptive statistics and hypothesis testing - SPSS (v. 24) Inductive content analysis - NVivo
Ethical issues	Health ethics committee approval. Informed consent. Data protection regarding voice records from the focus group.	

Results

Development

Systematic Review of Literature (5) → Online Focus Groups → Modified e-delphi

Intervention "Promoting Spiritual Coping"

- Participants: mental health nurse and family caregiver
- Place: according to the caregiver's preference
- Procedure: 3 presential sessions (45 to 60 minutes)

Session 1
- Inquiry about experience as caregiver and coping strategies used
- Introduction about spirituality and religiosity
- Information about spiritual/religious coping strategies used by caregivers
- Neutral inquiry about spiritual/religious coping
- Adjustment of inquiry according to caregiver's response

Session 2
- Inquiry about the experience as caregiver
- Inquiry about spiritual aspects
- Dialogue about meaning in life and hope
- Dialogue about spiritual/religious coping strategies (turn to the sacred; religion; spiritual/religious practices)
- Inquiry about resources to address the issues
- Offering assistance

Session 3
- Inquiry about spiritual aspects
- Inquiry about insights regarding spiritual needs and spiritual/religious coping strategies
- Inquiry about other care needs
- Offering assistance if needed
- Closing of the intervention and reinforce openness of the healthcare team to address these issues

Test

Pre-intervention questionnaire → Intervention → Post-intervention questionnaire

Intervention "Promoting Spiritual Coping"

- Nonparametric two-samples Wilcoxon test < 0.05
  - Enhances quality of life related with mental health
  - Increases positive spiritual coping
  - Decreases negative spiritual coping
  - Decreases caregivers' burden
- Inductive content analysis
  - Taboo
  - Interconnection of spirituality with caregiving experience
  - Increase in knowledge and strategies
  - Relevance of the intervention
  - Satisfaction with the intervention

Conclusion

A complex intervention to promote the spiritual coping was developed and tested.
Involving both caregivers and experts was keen to adequate the intervention.
It is estimated that the intervention may be used by mental health specialist nurses when caring for family caregivers of a relative with severe mental illness.

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